FORM NO. IEPF- 5

[Pursuant to sub-section (3) of section 125 of the Companies Act, 2013 and rule 7(1) of the Investor Education and Protection Fund Authority (Accounting, Audit, Transfer and Refund) Rules, 2016]



Application to the Authority for claiming unpaid amounts and shares out of Investor Education and Protaction Fund (IEPF)

1. Particulars of the	applicant				
(a) *Name of the					
(b)* Address of th	• •				
(c) Phone numb	er				
(d) Mobile numb	per				
(e) Email ID					
2. Particulars of the C	Company / Bank fro	m which the amount is d	ue		
	itification Number (C				
. , .	rate Identification Nu	,			Pre
- '		\ - /			
(b) Name of the co	mnany / hank				
(b) Name of the co	mpany / bank				
	mpany / bank stered office of the co	ompany / bank			
		ompany / bank			
		ompany / bank			
(c) Address of regis	stered office of the co	ompany / bank			
(c) Address of regis	stered office of the co	ompany / bank			
(c) Address of regis	stered office of the co	ompany / bank			
(c) Address of regis	stered office of the co			Total nominal	
(c) Address of regis (d) email ID of the retails of shares claim	stered office of the co	ompany / bank Kind of share	Number of shares	Total nominal amount of the s	hare

4. Details of amount claimed

S.No.	Particulars	Amount (in Rupees)
(i)	Dividend amount	0
(ii)	Application money due for refund	0
(iii)	Matured deposits with company	0
(iv)	Matured debentures with company	0
(v)	Interest accured on application money due for refund	0
(vi)	Interest accured on matured deposits with company	0
(vii)	Interest accured on matured debentures with company	0
(viii)	Interest accured on dividend credited to IEPF under the Companies Act, 1956	0
(ix)	Sale proceeds of fractional shares arising out of issuance of bonus shares, merger and amalgamation	0
(x)	Redemption amount of preference shares	0
(xi)	Others, specify	0
	Total	0

Note: If applicant doesn't have any information on amount claimed then the related column above may be left blank

4		
^	Number of claims	

Year wise details of securities/deposits for which the amount is claimed

Nature of claim (1)	Amount of the claim (2)	Financial year to which it relates (3)	Nature of security / deposit (4)	Folio No. / DP ID - Client ID - Account number (5)	Category (6)	Reason for non- receipt / non- encashment of the instrument of payment (7)

5: Aadhaar Number or Passport/OCI/PIO Card No. (in case of NRI/foreigners)	

(a)	Bank account number	
(b)	Bank name	
. ,	Bank branch	
(d)	Type of account	Saving Current
(e)	IFSC code	Current
,		
7. Demat acco	unt number	
	Declaration	1
this form an		If the rules made thereunder in respect of the subject matter of ith. I further declare that all the information given herein above form and nothing material has been suppressed.
prescribe		he refund claim in this form online, shall to send the attachments any at its registered office in an envelope marked "claim for refund aim
1.	Print out of duly filled claim form with clain	nant signature
2.	Copy of acknowledgement	
3.	Indemnity Bond (original) with claimant sig	gnature
4.	Advance Stamped receipt (original)	
5.	In case of refund of matured deposit or de	benture, original certificate thereto
6.	Copy of Aadhaar Card	
7.	Proof of entitlement (certificate of share/Interes	st warrant Application No. etc.)
8.	Cancelled Cheque leaf	
9.	Copy of Passport, OCI and PIO card in case of	of foreigners and NRI
10.	Other optional document,(if any)	
Note: Attention	is also drawn to provisions of Section 448 of Co	mpanies Act, 2013 which status that -
		ertificate, financial statement, prospectus, statement or other ons of this Act or the rules made thereunder, any person makes a
(a) which is false	in any material particulars, knowing it to be fals	se; or
(b) which omits a	any material fact, knowing it to be material,	
he shall be liable	e under section 447."	
Modi	fy Check Form	Prescrutiny Submit

For office use only:					
eForm Service request number (SRN)	eForm filing date (DD/MM/YYYY)				
Digital signature of the authorising officer					
This e-Form is hereby approved					
This e-Form is hereby rejected	Confirm Submission				
Date of signing	(DD/MM/YYYY)				